



WHITE PAPER ON PHYSICAL EXERCISE

Overview

There are approximately 18.9 million veterans in the United States ([U.S. Census Bureau, n.d.](#)). More than 9 million veterans are enrolled in VA health care ([VA, 2019c](#)). In 2018, more than 1.7 million veterans received mental health services ([VA, 2019b](#)). Physical exercise is made available to veterans through various programs across VA as a part of their overall care plan, but none of these programs are designed to specifically facilitate or provide physical exercise as a mental health intervention. This document summarizes a number of programs through which physical exercise is implemented in VA but may not be an exhaustive list, as each VA medical center is unique and may have additional programming.

The table below highlights programs included in this report, their approximate reach, and program notes and restrictions. The programs with the greatest reach (those that fall under Rehabilitation and Prosthetic Services) are not exercise programs per se, but rather treatments with a physical component that are used primarily for treating physical issues. The programs below that are specifically sports and exercise programs serve a total of about 15,000 – just a fraction of the total veteran population receiving VA health care. About half of VA facilities included in the Weight Management Care report indicated they have exercise programs and exercise facilities.

The potential mental health benefits of exercise have long been addressed in the literature (see, for example, [Taylor, Sallis, & Needle, 1985](#)), and far outnumber the potential negative psychological effects of physical exercise on mental health. Providing gym memberships would provide a means for widespread encouragement of physical exercise for veterans and could potentially offer both physical and mental health benefits. Gym memberships are, however, specifically excluded from the VA medical benefits package by regulation, and VA cannot provide gym memberships to veterans ([38 CFR 17.38, VA Medical Benefits Package](#)) – either individually or via contract without a regulatory change. Although the VA regulation implements [38 U.S.C. § 1710, Eligibility for Hospital, Nursing Home, and Domiciliary Care](#), the statute does not restrict or prohibit provision of gym memberships, so no statutory changes would be required.

Program	Approximate Reach	Program Notes and Restrictions
Gerofit	About 7,000 since inception	For older veterans
MOVE!/BAM!	About 4,353 since inception	Open to all veterans, but not enough staff to support VA-wide
National Veterans Sports Programs & Special Events (NVSPSE)	Wheelchair Games 600+ in 2018	Must be wheelchair bound
	Golden Age Games about 800 veterans and VA clinicians	Veterans, ages 55 or older, who receive health care from the U.S. Department of Veterans Affairs.
	Winter Sports Clinic about 400	Must be profoundly disabled—funded through donations
	Training, Exposure, Experience 205 in 2015	Must have qualifying, severe, life-changing disabilities
	Summer Sports Clinic about 400	Must have orthopedic amputations, traumatic brain injuries, burn injuries, psychological trauma, certain neurological conditions, visual impairment, spinal cord injuries and other eligible injuries incurred in the last six years.
	Adaptive Sports Grant Program grantees are organizations, not individuals. Programs must serve at least 50 veterans or participants must reside in at least 5 congressional districts	Must be a nonfederal entity with significant experience in managing a large-scale adaptive sports program
Rehabilitation and Prosthetic Services	Kinesiotherapy Program About 100,000 in 2018	These numbers are not specific mental health treatment
	Occupational Therapy Program About 400,000 in 2018	These numbers are not specific mental health treatment
	Physical Therapy Program About 900,000 in 2018	These numbers are not specific mental health treatment
	Recreational Therapy Program About 130,000 in 2018	These numbers are not specific mental health treatment
Warrior Wellness Study	54 participants	This was a pilot program

Gerofit

Gerofit is a group-based supervised exercise and health promotion program for older veterans established in the Durham VA facility in 1986 ([VA, 2019a](#)). Gerofit is now undergoing national dissemination with 14 new sites added in the last 5 years and more than 7,000 veterans reached. Exercise programs are offered 3 days per week and are tailored to functional impairments and patient-directed goals, with no time limit on duration of participation. Gerofit has provided strong evidence of improved functional and cardio-metabolic health, reduced risk for institutionalization, and increased 10-year survival rates among program participants.

Participants report high satisfaction with the program and overall improved well-being.

- From 663 program participants across 13 sites surveyed, overall program outcomes include the following (M. Morey and M. Pearson, personal communication, March 19, 2019):
 - 97% report they feel in a better mood when they leave Gerofit after exercise.
 - 97% report they are capable of doing more in their lives because of Gerofit.
 - 94% report that the exercise program is meaningful because it is for veterans.
 - 98% report being satisfied or highly satisfied with Gerofit.
- Gerofit consists of an exercise program individually tailored to functional deficits. Exercises include walking; using treadmills, ellipticals, bicycles, and strengthening machines; and group-based classes such as Tai Chi, yoga, line dancing, or balance classes. Guidance in carrying out the exercise program is provided by trained exercise professionals.
- Among the subset of participants with PTSD (212/663 = 32%), patient reported outcomes include the following:
 - 63% report improvement in *re-experiencing* symptoms (reduction in disturbing memories, dreams, or physical/psychological reactions to stressful experiences).
 - 58% report improvements in *avoidance* symptoms (reductions in the amount of time avoiding thoughts, feelings, or external cues such as people, places or situations that remind them of stressful experiences).
 - 64% report improvements in *negative cognitive emotion* symptoms (reductions in having strong negative feelings, feeling distant or cut off from people, or having trouble experiencing positive feelings).
 - 59% report improvements in *hyper arousal* symptoms (reductions in being irritable, super-alert, watchful, or having difficulty concentrating or sleeping).
- Overall, 72% of participants with PTSD reported that Gerofit improved their overall PTSD symptoms.

Gerofit is providing outreach and services to veterans unable to attend facility-based programs. Outreach by mail, telephone, and telehealth (group-based exercise to CBOCs and one-on-one or group to the home) has been delivered to 4560 veterans – 70% of whom live in rural areas – in the past 2.5 years. Outcomes for these program innovations are being collected.

MOVE!

MOVE! is available to every Veteran receiving care in VHA and is designed to help veterans who are obese or overweight with an obesity-associated condition achieve clinically meaningful weight loss (S. Raffa, personal communication, February 6, 2019). There are three core components to MOVE! – physical activity is one of the three core components.

Be Active and MOVE!

Be Active and MOVE! is a clinical video telehealth (CVT) program to help veterans be more physically active through instruction and practice (D. Waller, personal communication, March 28, 2019). CVT allows veterans to participate from a convenient location close to home or work. Although the purpose of the Be Active and MOVE! (BAM!) pilot was to help veterans seeking to lose weight through MOVE!, BAM! can be adopted as a clinical physical activity/exercise program for all veterans, but it is limited by staffing. The National Center for Health Promotion and Disease Prevention MOVE! program does not fund physical activity specialists at every VA Medical Center.

Requiring Rehab and Prosthetics Services to absorb the workload that would be necessary to offer the program universally, in addition to the typical acute rehab model, would be challenging without additional kinesiotherapy, occupational therapy, physical therapy, or recreational therapy full-time equivalents dedicated to BAM!/wellness exercise. Below is the breakdown on VAMCs that have reported BAM! workload and the total aggregate numbers. Approximately 4,353 veterans/unique users have participated in the BAM! programming since the toolkit was rolled out nationally (following the successful pilot) FY 2014 through FY 2018 with a total of 38,060 encounters (D. Waller, personal communication, March 28, 2019).

BAM! Participation by Fiscal Year

	Encounters					Unique Patients				
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
All MCGs	5,995	7,322	7,492	7,808	9,443	997	911	822	831	792
4(V06) (652) Richmond, VA	602	553	544	871	975	66	48	51	88	87
(V08) (516) Bay Pines, FL	201	10				37	9			
(V08) (573) Gainesville, FL	2,216	3,001	2,790	2,665	2,193	208	150	122	105	71
(V08) (673) Tampa, FL	293	386	260	295	282	52	42	40	53	41
(V09) (614) Memphis, TN	49	98	131	187	297	37	42	58	85	51
(V10) (541) Cleveland, OH	52					8				
(V12) (578) Hines, IL		6	40	65	178		5	31	42	56

	Encounters					Unique Patients				
(V12) (695) Milwaukee, WI	250	158	222	249	275	41	21	38	48	50
(V17) (671) San Antonio, TX	253	423	565	348	583	46	66	59	39	39
(V18) (678) Southern Arizona HCS	201	137	69	52	14	62	29	15	9	3
(V21) (640) Palo Alto, CA	621	343	261	227	136	109	55	40	37	13
(V22) (600) Long Beach, CA	81	325	147	96	73	29	124	97	49	31
(V02) (528) Western New York, NY		69					11			
(V10) (539) Cincinnati, OH	217	171	61	11	26	38	28	10	4	6
(V11) (506) Ann Arbor, MI	120	121	100	67	92	80	61	44	35	39
(V23) (636) Nebraska-Iowa, NE					156					30
(V01) (650) Providence, RI	5			27	11	5			16	11
(V02) (528) Syracuse, NY		55					8			
(V10) (538) Chillicothe, OH			200	261	452			27	21	33
(V12) (556) Captain James A Lovell FHCC	281	624	835	889	2,006	42	77	60	54	46
(V16) (564) Fayetteville, AR	182	370	759	994	940	33	46	50	65	47
(V02) (528) Bath, NY		49					7			
(V15) (657) Marion, IL					85					53
(V02) (528) Canandaigua, NY		29					5			
(V03) (620) VA Hudson Valley HCS, NY		184	224	187	171		18	12	10	11
(V04) (529) Butler, PA	195					37				
(V11) (515) Battle Creek, MI		2	1				2	1		
(V11) (655) Saginaw, MI	103	141	240	237	441	28	23	45	45	48

		Encounters					Unique Patients				
(V12) (676)											
Tomah, WI						4					4
(V20) (463)											
Anchorage, AK						42	24			7	6
(V23) (656)											
St. Cloud, MN	73	67	43	38	29	40	34	22	19	16	

The National Veterans Sports Programs & Special Events (NVSPSE)

The National Veterans Sports Programs & Special Events (NVSPSE) office, which falls under Rehabilitative and Prosthetic Services, provides physical activity resources and opportunities to veterans. The NVSPSE office directs six national programs delivering direct patient care to veterans under the authority of [38 U.S.C. § 322, Office of Veterans Sports Programs and National Events](#). These programs embrace formalized adaptive sports medicine as a practice specialty and provide the largest coordinated therapeutic arts program for veterans. The following programs included components of physical exercise.

National Veterans Wheelchair Games (NVWG)

National Veterans Wheelchair Games (NVWG), founded in 1981, serves veterans with spinal cord injuries, multiple sclerosis, amputations, stroke, and other neurological disorders that are eligible for VA health care, providing adaptive sports for their rehabilitation, health and wellness ([NVWG, 2019](#)). Veterans learn to live active and healthy lifestyles by competing in 19 different sports competitions, and receiving related health education. This is the largest wheelchair sports rehabilitation event for veterans with disabilities in the United States. NVWG are presented by VA and Paralyzed Veterans of America. More than 600 athletes participated in the 2018 games.

National Veterans Golden Age Games (NVGAG)

National Veterans Golden Age Games (NVGAG), founded in 1985, serves veterans ages 55 years and older who are eligible for VA health care ([VA, n.d.c](#)). Through its *Fitness for Life* motto, NVGAG is the only multisport competition designed to showcase the rehabilitative value that sports, wellness and fitness provide in the lives of senior veterans. This progressive and adaptable sports program, with 17 competitive events, is a qualifying event for the National Senior Games and is available for veterans with a wide range of abilities and disabilities.

National Disabled Veterans Winter Sports Clinic (NDVWSC)

National Disabled Veterans Winter Sports Clinic (NDVWSC), founded in 1987, promotes sports therapy and rehabilitation through adaptive Alpine and Nordic skiing, rock climbing, sled hockey, and other adaptive physical activities and sports ([National Disabled Veterans Winter Sports Clinic, n.d.](#)). The clinic also boasts a variety of workshops and educational sessions designed to help veterans build on this experience and continue to lead active, healthy lives once they return home. It is hosted by the Grand Junction Veterans Healthcare System as part of

VA's Rocky Mountain Network. The NDVWSC is sponsored by VA and Disabled American Veterans (DAV).

National Disabled Veterans Training, Exposure, Experience (TEE) Tournament

National Disabled Veterans TEE Tournament, founded in 1994, provides veterans with disabilities opportunities for rehabilitation, health, and wellness through adaptive golf instruction and introduction to other adaptive sports ([VA, n.d.b](#)). Hosted by the Iowa City VA Health Care System, this event serves veterans with visual impairments, amputations, traumatic brain injuries, psychological trauma, certain neurological conditions, spinal cord injuries and other life changing disabilities. This event is cosponsored by VA and DAV.

National Veterans Summer Sports Clinic (NVSSC)

National Veterans Summer Sports Clinic (NVSSC), founded in 2008, promotes rehabilitation of body and spirit by teaching summer sporting activities to veterans with significant physical or psychological impairments ([VA, n.d.d](#)). Hosted by the VA San Diego Healthcare System, the clinic serves veterans from across the country who are enrolled for VA health care with a variety of injuries, ranging from traumatic brain injury, posttraumatic stress disorder, visual impairments, neurological conditions, spinal cord injury, loss of limb, and other conditions presenting within the previous 6 years.

Monthly Assistance Allowance Program

VA's Monthly Assistance Allowance Program provides a monthly allowance to veterans with disabilities training in their respective Paralympic and Olympic sports ([VA, n.d.a](#)). Under this program, VA pays a monthly stipend to veterans with service-connected and nonservice-connected disabilities if they are actively training or competing as an emerging athlete and meet the criteria established by the sport governing body, or if they are selected as a member of the National Paralympic team. Additionally, veterans with a 30% service-connected disability rating meeting the same criteria for Olympic sports are eligible to apply for this allowance.

Adaptive Sport Grant Program

Through the Adaptive Sport Grant Program, authorized under [38 U.S.C. § 521A, Adaptive Sports Programs for Disabled Veterans and Members of the Armed Forces](#), VA provides grant funding of up to \$8 million to organizations to increase the availability of adaptive sport activities for veterans and service members with disabilities ([VA, n.d.f](#)). The goals and objectives of the grant program include providing adaptive sport activities designed to enhance the rehabilitative, therapeutic, and whole-life health of veterans and service members across the spectrum of adaptive sport activities, from recreational through elite levels of competition. This goal is achieved through support for training of adaptive sports providers for delivery of sport, athlete assessment/classification, adaptive sport program development and equipping, and provision and instruction in adaptive sports. Grants range from a national footprint to local community-based entries.

Rehabilitation and Prosthetic Services

VA's Rehabilitation and Prosthetic Services is responsible for the national policies and programs for medical rehabilitation, prosthetic, and sensory aids services that promote the health, independence, and quality of life for veterans with disabilities ([VA, n.d.g](#)).

Kinesiotherapy

VA provides kinesiotherapy services to veterans and service members through the application of scientifically based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning. A kinesiotherapist (KT) is a health care professional competent in the administration of musculoskeletal, neurological, ergonomic, biomechanical, psychosocial, and task-specific functional tests and measures. KTs provide acute, subacute or postacute rehabilitative therapy focusing on therapeutic exercise, reconditioning, and physical education. KTs emphasize the psychological as well as physical benefits of therapeutic exercise for rehabilitation. In FY 2018, 320 on board KTs treated approximately 100,000 unique veterans with nearly 500,000 total encounters (D. Waller, personal communication, March 28, 2019).

Occupational Therapy

VA provides occupational therapy (OT) services to veterans and service members. OT involves therapeutic use of everyday life activities (occupations), with individuals or groups, for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. OT provides services that promote health and wellness to those veterans who have, or are at risk for developing an injury, illness, disease, or condition. OT evaluation and treatment supports veterans' engagement in everyday life activities that affect health, well-being, and quality of life by addressing physical, cognitive, psychosocial, sensory, and other areas that could affect performance ([VA, n.d.e](#)). In 2018, OT practitioners treated more than 400,000 unique veterans, accounting for approximately 1.5 million total encounters. In the OT community, VA OTs are leaders in Telehealth and provided over 4,200 visits via telehealth in 2018.

Physical Therapy

VA provides physical therapy (PT) services to veterans and service members. Physical therapists are health care professionals who diagnose and treat individuals of all ages with medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. Physical therapists restore, maintain, and promote optimal physical function as well as wellness, fitness, and quality of life as it relates to movement and health. Physical therapy is a safe and effective alternative to opioids for the long-term treatment of chronic pain. VA is one of the largest employers of physical therapists and physical therapy assistants and has the largest PT residency program in the United States, with 27 programs. In FY 2018, VA PTs served more than 913,000 veterans, including more than 3.4 million total encounters, 13,655 of which were delivered by telehealth. Physical therapists practice in many settings within the VA. These settings and clinics such as polytrauma, spinal

cord injury, amputation system of care, interdisciplinary pain clinics, primary care, community living centers, home care, orthopedics, inpatient medicine, and the emergency departments.

Recreation Therapy

Recreation therapy provides services to restore, remediate, and/or rehabilitate functional capabilities for veterans with injuries, chronic illnesses, and disabling conditions. Recreation therapy services embraces a philosophy of health promotion and disease prevention facilitated by qualified clinicians designed to support each veteran's self-directed, self-determined, and fully independent participation in their chosen life pursuits. Recreation Therapy services include assessment and treatment for physical, cognitive, emotional, psychosocial, and leisure deficits. Services are provided based upon applying the best available research evidence, using expert clinical judgment in consideration with the Veteran's individual goals, preferences, and values. In 2018, Recreation Therapy treated more than 130,285 unique patients.

Warrior Wellness Study

The Warrior Wellness study was a pilot program of supervised exercise for older veterans with PTSD (K. Hall, personal communication via S. Raffa, January 25, 2019). To date, only two studies of exercise for PTSD have been conducted in veterans, and none have focused on older veterans, who carry significant physical and psychological burden stemming from decades of living with this condition. Fifty-four veterans ≥ 60 years old with PTSD were enrolled in the study, and randomized to a 12-week exercise program delivered at a community-based fitness facility (n=36) or a usual care/wait-list control condition (n=18). Patients were predominantly African American (85.2%), with significant health burden (average 3.6 comorbid health conditions). The severity of PTSD in these patients was high, and average duration of symptoms was 45 years. Attrition in the study was minimal (14%), and adherence to the exercise intervention was high (82%). Patients in the exercise condition demonstrated clinically significant improvements in PTSD (total score on PCL-5 and individual symptom clusters), depressive symptoms, and reported improved sleep and health-related quality of life (compared to the usual care group). In addition to these mental health improvements, we also observed improvements in physical health domains including physical functioning and CVD risk (waist circumference). On a post-program survey, 86% of veterans rated the exercise program as *Excellent*, and 100% of patients reported that they would recommend this program to other veterans with PTSD. Ninety-one percent of patients reported feeling *mentally better* after completing the Warrior Wellness program, and 95% of patients reported feeling *physically better*. Results suggest that exercise training is safe and acceptable in older adults with PTSD. Exercise may also improve PTSD symptoms in addition to broadly affecting PTSD-related conditions. Larger confirmatory trials are needed as well as studies that explore the utility of exercise as an adjunctive therapy to standard PTSD treatments. Click [here](#) for a study that focuses on the patient perspective.

Additional Related Information

2017 Weight Management Care Report

The following are key points included in the report ([VA, 2018](#)):

- 69 out of 140 facilities self-reported having exercise programming available to veterans.
- 68 out of 140 facilities self-reported having exercise facilities available to veterans.
- Be Active and MOVE!, a separate physical activity offering for MOVE! participants, is available at about 25% of facilities.
- Through a national MOU between VA and YMCA, VA facilities are able to connect with local YMCAs to establish local MOUs to offer veterans community-based options (23 MOVE! programs reported having an MOU with their local YMCAs).

Spinal Cord Injury or Disease (SCI/D)

During the acute period, after a spinal cord injury or disease (SCI/D) that injures the spinal cord, exercise is an integral part of the rehabilitation program to maximize recovery and develop compensatory techniques for functions lost as a result of the SCI/D (M. Park, personal communication, January 2019). Each individual exercises and is rehabilitated to his/her fullest potential. The specific types of exercise that are performed are limited by the level of paralysis.

Following the acute period, establishing a wellness routine that includes exercise is important to stay healthy, prevent secondary complications, and maintain functional capacity. Specific exercises range from standing or walking in a device that supports the paralyzed parts of the body to active exercises in parts of the body that are below the level of spinal cord dysfunction. Generally, muscles that are affected by the SCI/D but still functional are exercised to maximize strength and function. Below the level of injury, the full range of exercises are performed.

A well-rounded exercise program is recommended to promote fitness and help to maintain functional independence. As in any exercise program, consistency is essential. Exercises and activities several days a week are recommended. Some components of the exercise program can be incorporated into a home program, while others may necessitate special equipment or supervision depending on the level of injury and subsequent functional limitations. Exercise participation may be limited depending on the level of function and/or adaptability of equipment so finding resources in the community is critically important.

If possible and depending on the level of injury, cardiovascular conditioning is essential to maintain a healthy heart muscle and to maintain endurance to meet daily activity needs. Following SCI/D, cardiovascular and metabolic problems are common due to primary and secondary changes that follow SCI/D and paralysis.

To maintain fitness, function, strength, and positioning (e.g., while seated in a wheelchair), full flexibility of all joints are important. Range of motion is a series of exercise performed in which the joints of the extremities are moved to maintain flexibility. Maintaining flexibility is important to prevent secondary problems such as pressure ulcers, seating abnormalities, and pain. In doing range of motion exercises, joint contractures are prevented and the integrity of the joint

maintained. Many people with SCI/D may also develop muscle tightness (e.g., shoulders and hips). Muscles groups become shortened which can result in further weakness. Spasticity also may be the source of tight muscles and loss of joint range of motion. Stretching is important to moderate spasticity and prevent full mobility. Depending on the level of function total assistance or some assistance may be required for a range of motion/stretching program.

Balance exercises and trunk strengthening exercises are particularly important for people with SCI/D. Depending on the level and severity of injury, trunk exercises may be done independently or require assistance. Equipment such as a standing frame may be required. Establishing an effective base of support allows a Veteran with SCI/D to do functional tasks (activities of daily living), transfers, and pressure reliefs.

Each year, an annual evaluation (AE) at the SCI/D Center is recommended for all veterans with SCI/D. During that interdisciplinary assessment, weight, nutrition, exercise, cardiovascular and metabolic risks are assessed. The AE is an excellent time to review exercise and activity with recreation, occupational, physical, and kinesiology therapists.

In every aspect of fitness, realistic goal setting is a tool utilized to map out an effective strategy for maintaining a healthy body. Members of the SCI/D interdisciplinary team in 25 VA SCI/D Centers are available to help veterans identify realistic goals and establish exercise programs. Smaller SCI/D teams are located in local VA facilities that do not have SCI/D Centers and follow veterans with SCI/D. They serve as resources to help veterans stay active in their local communities and at home.

Incorporating sports and recreation programs is often instrumental in maintaining psychological and physical wellness for veterans with SCI/D. Sports and recreation activities are also excellent vehicles to further rehabilitation goals. The National Veterans Wheelchair Games is a good example of a time that hundreds of veterans with SCI/D (and veterans with other diagnoses too) come together with goals to increase their independence, health, and quality of life.

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